

MARICOPA COUNTY

GROUP #2723

DELTA DENTAL PLAN OF ARIZONA COVERED DENTAL SERVICES

CALENDAR YEAR BENEFIT MAXIMUM:	\$1,500
ORTHODONTIC SERVICES LIFETIME MAXIMUM	\$1,000
CALENDAR YEAR DEDUCTIBLE*:	\$50.00 per Person; \$100.00 per Family

CLASS I - ROUTINE SERVICES (NO DEDUCTIBLE)	100%
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DIAGNOSTIC:

Exams of any type, including consultations (Twice in a calendar year)

X-rays: Full Mouth/Panorex (Once in a 3 year period)

Bitewing (Twice in a calendar year)

Periapical

PREVENTIVE:

Routine Cleanings (limited to twice in a calendar year, or one difficult cleaning may be exchanged for two routine cleanings. However, the difficult cleaning is limited to not more than once in a two-year period.)

Topical Application of Fluoride (children through age 17 -Twice in a calendar year)

Space Maintainers (For missing posterior primary teeth)

CLASS II - BASIC SERVICES	80%
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RESTORATIVE:

Fillings consisting of silver amalgam; and, for front teeth only, synthetic tooth color fillings

Stainless Steel Crowns (For primary teeth only)

Sealants for Children (Once per 3 year period for permanent molars & bicuspid through age 18)

ORAL SURGERY:

Extractions

ENDODONTICS:

Root Canal Treatment (Permanent Teeth); Pulpotomy (Primary Teeth)

PERIODONTICS

Treatment of Gum Disease (Non-surgical-once every 2 years/Surgical once every 3 years)

EMERGENCY: (Palliative treatment)

Treatment for the relief of pain

CLASS III - MAJOR SERVICES	50%
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PROSTHODONTICS:

Bridges (Does not provide for lost, misplaced or stolen bridges or dentures. 5-year waiting period for replacement

Partial Dentures last benefited by Delta)

Complete Dentures

BRIDGE AND DENTURE REPAIR:

Repair of such appliances to their original condition including relining of dentures.

RESTORATIVE: (5-year waiting period for replacement last benefited by Delta)

Cast Crowns - Jackets - Onlays

CLASS IV: ORTHODONTIC SERVICES FOR ADULTS & CHILDREN	50%
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The program will pay **50%** to a maximum of **\$1,000** per lifetime of the patient. This maximum is separate from the calendar year maximum for your other dental benefits.

* Note: Deductible does not apply to Class I (Routine Services)

(**) Predetermination recommended for services over \$250

BENEFITS SUBJECT TO ALL PROVISIONS, TERMS & CONDITIONS OF THE GROUP CONTRACT.